CALIFORNIA
Water Boards

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GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

March 15, 2018

System No. 1410800

Joe Tabush
Chief Plant Operator
CDF Owens Valley Conservation Camp
2781 South Round Valley Road
Bishop, CA 93514
tabush@gmail.com

Dear Mr. Tabush:

CITATION NO. 05-13-18C-010
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION FOR FEBRUARY 2018

Enclosed is Citation No. 05-13-18C-010 (hereinafter "Citation"), issued to the California Department of Forestry and Fire Protection (CDF or CalFire) Owens Valley Conservation Camp (hereinafter "Camp"), public water system. Please note that there are legally enforceable deadlines associated with this Citation.

The Camp will be billed at the State Water Resources Control Board's (hereinafter "State Water Board"), hourly rate for the time spent on issuing this Citation. California Health and Safety Code, (hereinafter "CHSC"), Section 116577, provides that a public water system must reimburse the State Water Board for actual costs incurred by the State Water Board for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation. At this time, the State Water Board has spent approximately 0.5 hour(s) on enforcement activities associated with this violation.

The Camp will receive a bill sent from the State Water Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Camp for the current fiscal year.

Any person who is aggrieved by a citation, order or decision issued under authority delegated to an officer or employee of the state board under Article 8 (commencing with CHSC, Section 116625) or Article 9 (commencing with CHSC, Section 116650), of the Safe Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4), may file a petition with the State Water Board for reconsideration of the citation, order or decision. Appendix 1 to the enclosed Citation contains the relevant statutory provisions for filing a petition for reconsideration (CHSC, Section 116701).

Petitions must be received by the State Water Board within 30 days of the issuance of the citation, order or decision by the officer or employee of the state board. The date of issuance is the date when the Division of Drinking Water mails a copy of the citation, order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day by 5:00 p.m.

Information regarding filing petitions may be found at:

http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions regarding this matter, please contact Andrés Aguirre of my staff at (909) 383-4308 or me at (909) 383-4328.

Sincerely,

Eric J. Zúñiga, P.E.
District Engineer
San Bernardino District
Southern California Field Operations Branch

Enclosures

Certified Mail No. 7006 2150 0004 3940 8522

cc: Kathe Barton, Inyo County Environmental Health via kbarton@inyocounty.us

Citation No. 05-13-18C-010

STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF DRINKING WATER

Name of Public Water System: CDF Owens Valley Conservation Camp

Water System No: 1410800

Attention: Joe Tabush

Chief Plant Operator

CDF Owens Valley Conservation Camp

2781 South Round Valley Road

Bishop, CA 93514

Issued: March 9, 2018

CITATION FOR NONCOMPLIANCE

TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION

CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1

FEBRUARY 2018

The California Health and Safety Code (hereinafter "CHSC"), Section 116650 authorizes the State Water Resources Control Board (hereinafter "State Board") to issue a citation to a public water system when the State Board determines that the public water system has violated or is violating the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104, Part 12, Chapter 4,

commencing with Section 116270), or any regulation, standard, permit, or order issued or adopted thereunder.

The State Board, acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division, hereby issues this citation pursuant to Section 116650 of the CHSC to the California Department of Forestry and Fire Protection (CDF or CalFire) Owens Valley Conservation Camp (hereinafter "Camp Water System") for violation of CHSC, Section 116555(a)(1) and California Code of Regulations (hereinafter "CCR"), Title 22, Section 64426.1.

A copy of the applicable statutes and regulations are included in Appendix 1, which is attached hereto and incorporated by reference.

STATEMENT OF FACTS

The Camp Water System is classified as a Community water system with a population of 200, serving 31 connections. The Division received laboratory results for 11 distribution bacteriological samples collected during February 2018 from the Camp Water System. All samples were analyzed for the presence of total coliform bacteria. Two of the 11 samples analyzed were positive for total coliform bacteria. None of the total coliform positive samples showed the presence of *Escherichia coli (E. coli)* bacteria.

DETERMINATION

CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level (MCL) states that a public water system is in violation of the total coliform MCL if it collects fewer than 40 bacteriological samples per month and if more than one sample collected during any month is total coliform-positive.

The Camp Water System took fewer than 40 bacteriological samples during February 2018. The results of two routine samples were total coliform positive. Therefore, the Division has determined that the Camp Water System violated CCR, Title 22, Section 64426.1 during February 2018.

The Federal Revised Total Coliform Rule notes in the Code of Federal Regulations (CFR), Title 40, Section 141.859(a)(1)(ii) that a Level 1 Assessment is triggered for systems taking fewer than 40 samples per month that have two or more total coliform-positive samples in the same month. This trigger applies to the Camp Water System for February 2018.

The Federal Revised Total Coliform Rule notes in CFR, Title 40, Section 141.859(a)(2)(ii) that a Level 2 Assessment is triggered if a water system has a second Level 1 trigger within a rolling 12-month period. The Camp Water System had a Level 1 trigger in December 2017. As this is the second Level 1 in a rolling 12-month period, this requirement applies for February 2018.

DIRECTIVES

The Camp Water System is hereby directed to take the following actions:

1. Comply with CCR, Title 22, Section 64426.1, in all future monitoring periods.

2. On or before **March 11, 2018,** notify all persons served by the Camp Water System of the violation of Section 64426.1, in conformance with CCR, Title 22, Sections 64463.4(b)&(c) and 64465. Copies of Sections 64463.4 and 64465 are included in Appendix 1. Appendix 2: Notification Template shall be used to fulfill this directive, unless otherwise approved by the Division. – **THIS**

DIRECTIVE WAS COMPLETED MARCH 6, 2018. A COPY OF THE NOTICE IS INCLUDED IN APPENDIX 2.

3. Complete Appendix 3: Compliance Certification Form. Submit it together with a copy of the public notification to the Division on or before **March 21, 2018. – THIS DIRECTIVE WAS COMPLETED MARCH 7, 2018. A COPY OF THE PROOF OF PUBLIC NOTIFICATION IS INCLUDED IN APPENDIX 3.**

4. Submit the information required by CCR, Title 22, Section 64426(b)(2) on or before **March 11, 2018**. Appendix 4: Positive Total Coliform Investigation may be used to fulfill this directive. **– THIS DIRECTIVE WAS COMPLETED MARCH 6, 2018 AND IS INCLUDED IN APPENDIX 4.**

5. On or before **March 11, 2018** comply with all the corrective actions identified in the Level 2 Assessment included in Appendix 5. **– THIS DIRECTIVE WAS COMPLETED FEBRUARY 26, 2018 AND IS INCLUDED IN APPENDIX 5.**

All submittals required by this citation shall be electronically submitted to the Division at the following address. The subject line for all electronic submittals corresponding to this citation shall include the following information: Water System name and number, citation number and title of the document being submitted.

Eric J. Zúñiga, P.E.
District Engineer
San Bernardino District
dwpdist13@waterboards.ca.gov

The State Board reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Camp Water System of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

PARTIES BOUND

This Citation shall apply to and be binding upon the Camp Water System, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and the Camp Water System shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the State Board to: issue a citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the State Board to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of the State Board,

and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the State Board. The State Board does not waive any further enforcement action by issuance of this Citation.

Eric J. Zúñiga, P.E. — Date: 3/15/18

District Engineer

San Bernardino District

Southern California Field Operations Branch

Appendices (5):

1. Applicable Statutes and Regulations
2. Public Notification
3. Proof of Public Notification
4. Level 1 Assessment
5. Level 2 Assessment and corrective action completed

Certified Mail No. 7006 2150 0004 3940 8522

APPENDIX 1. APPLICABLE STATUTES AND REGULATIONS FOR

Violations of Total Coliform Rule

California Health and Safety Code (CHSC):

Section 116271 states in relevant part:
(a) The State Water Resources Control Board succeeds to and is vested with all of the authority, duties, powers, purposes, functions, responsibilities, and jurisdiction of the State Department of Public Health, its predecessors, and its director for purposes of all of the following:

(1) The Environmental Laboratory Accreditation Act (Article 3 (commencing with Section 100825) of Chapter 4 of Part 1 of Division 101).
(2) Article 3 (commencing with Section 106875) of Chapter 4 of Part 1.
(3) Article 1 (commencing with Section 115825) of Chapter 5 of Part 10.
(4) This chapter and the Safe Drinking Water State Revolving Fund Law of 1997 (Chapter 4.5 (commencing with Section 116760)).
(5) Article 2 (commencing with Section 116800), Article 3 (commencing with Section 116825), and Article 4 (commencing with Section 116875) of Chapter 5.
(6) Chapter 7 (commencing with Section 116975).
(7) The Safe Drinking Water, Water Quality and Supply, Flood Control, River and Coastal Protection Bond Act of 2006 (Division 43 (commencing with Section 75001) of the Public Resources Code).
(8) The Water Recycling Law (Chapter 7 (commencing with Section 13500) of Division 7 of the Water Code).
(9) Chapter 7.3 (commencing with Section 13560) of Division 7 of the Water Code.
(10) The California Safe Drinking Water Bond Law of 1976 (Chapter 10.5 (commencing with Section 13850) of Division 7 of the Water Code).
(11) Wholesale Regional Water System Security and Reliability Act (Division 20.5 (commencing with Section 73500) of the Water Code).
(12) Water Security, Clean Drinking Water, Coastal and Beach Protection Act of 2002 (Division 26.5 (commencing with Section 79500) of the Water Code).

(b) The State Water Resources Control Board shall maintain a drinking water program and carry out the duties, responsibilities, and functions described in this section. Statutory reference to "department," "state department," or "director" regarding a function transferred to the State Water Resources Control Board shall refer to the State Water Resources Control Board. This section does not impair the authority of a local health officer to enforce this chapter or a county's election not to enforce this chapter, as provided in Section 116500...

(k) (1) The State Water Resources Control Board shall appoint a deputy director who reports to the executive director to oversee the issuance and enforcement of public water system permits and other duties as appropriate. The deputy director shall have public health expertise.
(2) The deputy director is delegated the State Water Resources Control Board's authority to provide notice, approve notice content, approve emergency notification plans, and take other action pursuant to Article 5 (commencing with Section 116450), to issue, renew, reissue, revise, amend, or deny any public water system permits pursuant to Article 7 (commencing with Section 116525), to suspend or revoke any public water system permit pursuant to Article 8 (commencing with Section 116625), and to issue citations, assess penalties, or issue orders pursuant to Article 9 (commencing with Section 116650). Decisions and actions of the deputy director taken pursuant to Article 5 (commencing with Section 116450) or Article 7 (commencing with Section 116525) are deemed decisions and actions taken, but are not subject to reconsideration, by the State Water Resources Control Board. Decisions and actions of the deputy director taken pursuant to Article 8 (commencing with Section 116625) and Article 9 (commencing with Section 116650) are deemed decisions and actions taken by the State Water Resources Control Board, but any aggrieved person may petition the State Water Resources Control Board for reconsideration of the decision or action. This subdivision is not a limitation on the State Water Resources Control Board's authority to delegate any other powers and duties.

Section 116555 states in relevant part:
(a) Any person who owns a public water system shall ensure that the system does all of the following:

(1) Complies with primary and secondary drinking water standards.
(2) Will not be subject to backflow under normal operating conditions.
(3) Provides a reliable and adequate supply of pure, wholesome, healthful, and potable water.

Section 116650 states in relevant part:
(a) If the department determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the department may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail.

Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.
(b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.
(c) A citation may specify a date for elimination or correction of the condition constituting the violation.
(d) A citation may include the assessment of a penalty as specified in subdivision (e).
(e) The department may assess a penalty in an amount not to exceed one thousand dollars ($1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.

California Code of Regulations, Title 22 (CCR):

Section 64421 (General Requirements) states:
(a) Each water supplier shall:
(1) Develop a routine sample siting plan as required in section 64422;
(2) Collect routine, repeat and replacement samples as required in Sections 64423, 64424, and 64425;
(3) Have all samples analyzed by laboratories approved to perform those analyses by the State Board and report results as required in section 64423.1;
(4) Notify the State Board when there is an increase in coliform bacteria in bacteriological samples as required in section 64426; and
(5) Comply with the Maximum Contaminant Level as required in section 64426.1.
(b) Water suppliers shall perform additional bacteriological monitoring as follows:
(1) After construction or repair of wells;
(2) After main installation or repair;
(3) After construction, repair, or maintenance of storage facilities; and
(4) After any system pressure loss to less than five psi. Samples collected shall represent the water quality in the affected portions of the system.

Section 64422 (Routine Sample Siting Plan) states:
(a) By September 1, 1992, each water supplier shall develop and submit to the State Board a siting plan for the routine collection of samples for total coliform analysis, subject to the following:
(1) The sample sites chosen shall be representative of water throughout the distribution system including all pressure zones, and areas supplied by each water source and distribution reservoir.
(2) The water supplier may rotate sampling among the sample sites if the total number of sites needed to comply with (a)(1) above exceeds the number of samples required according to Table 64423-A. The rotation plan shall be described in the sample siting plan.
(b) If personnel other than certified operators will be performing field tests and/or collecting samples, the sample siting plan shall include a declaration that such personnel have been trained, pursuant to §64415 (b).
(c) The supplier shall submit an updated plan to the State Board at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

Section 64423 (Routine Sampling) states:
(a) Each water supplier shall collect routine bacteriological water samples as follows:
(1) The minimum number of samples for community water systems shall be based on the known population served or the total number of service connections, whichever results in the greater number of samples, as shown in Table 64423-A. A community water system using groundwater which serves 25-1000 persons may request from the State Board a reduction in monitoring frequency. The minimum reduced frequency shall not be less than one sample per quarter.
(2) The minimum number of samples for nontransient-noncommunity water systems shall be based on the known population served as shown in Table 64423-A during those months when the system is operating. A nontransient-noncommunity water system using groundwater which serves 25-1000 persons may request from the State Board a reduction in monitoring frequency if it has not violated the requirements in this article during the past twelve months. The minimum reduced frequency shall not be less than one sample per quarter.
(3) The minimum number of samples for transient-noncommunity water systems using groundwater and serving 1000 or fewer persons a month shall be one in each calendar quarter during which the system provides water to the public.
(4) The minimum number of samples for transient-noncommunity water systems using groundwater and serving more than 1000 persons during any month shall be based on the known population served as shown in Table 64423-A, except that the water supplier may request from the State Board a reduction in monitoring

for any month the system serves 1000 persons or fewer. The minimum reduced frequency shall not be less than one sample in each calendar quarter during which the system provides water to the public.

(5) The minimum number of samples for transient-noncommunity water systems using approved surface water shall be based on the population served as shown in Table 64423-A. A system using groundwater under the direct influence of surface water shall begin monitoring at this frequency by the end of the sixth month after the State Board has designated the source to be approved surface water.

(6) A public water system shall collect samples at regular time intervals throughout the month, except that a system using groundwater which serves 4,900 persons or fewer may collect all required samples on a single day if they are taken from different sites.

(b) In addition to the minimum sampling requirements, all water suppliers using approved surface water which do not practice treatment in compliance with Sections 64650 through 64666, shall collect a minimum of one sample before or at the first service connection each day during which the turbidity level of the water delivered to the system exceeds 1 NTU. The sample shall be collected within 24 hours of the exceedance and shall be analyzed for total coliforms. If the water supplier is unable to collect and/or analyze the sample within the 24-hour time period because of extenuating circumstances beyond its control, the supplier shall notify the State Board within the 24-hour time period and may request an extension. Sample results shall be included in determining compliance with the MCL for total coliforms in Section 64426.1.

(c) If any routine, repeat, or replacement sample is total coliform-positive, then the water supplier shall collect repeat samples in accordance with Section 64424 and comply with the reporting requirements specified in Sections 64426 and 64426.1.

Table 64423-A

Minimum Number of Routine Total Coliform Samples

Monthly Population Served	Service Connections	Minimum Number of Samples
25 to 1000	15 to 400	1 per month
1,001 to 2,500	401 to 890	2 per month
2,501 to 3,300	891 to 1,180	3 per month
3,301 to 4,100	1,181 to 1,460	4 per month
4,101 to 4,900	1,461 to 1,750	5 per month
4,901 to 5,800	1,751 to 2,100	6 per month
5,801 to 6,700	2,101 to 2,400	7 per month
6,701 to 7,600	2,401 to 2,700	2 per week
7,601 to 12,900	2,701 to 4,600	3 per week
12,901 to 17,200	4,601 to 6,100	4 per week
17,201 to 21,500	6,101 to 7,700	5 per week
21,501 to 25,000	7,701 to 8,900	6 per week
25,001 to 33,000	8,901 to 11,800	8 per week
33,001 to 41,000	11,801 to 14,600	10 per week
41,001 to 50,000	14,601 to 17,900	12 per week
50,001 to 59,000	17,901 to 21,100	15 per week
59,001 to 70,000	21,101 to 25,000	18 per week
70,001 to 83,000	25,001 to 29,600	20 per week
83,001 to 96,000	29,601 to 34,300	23 per week
96,001 to 130,000	34,301 to 46,400	25 per week
130,001 to 220,000	46,401 to 78,600	30 per week
220,001 to 320,000	78,601 to 114,300	38 per week
320,001 to 450,000	114,301 to 160,700	50 per week
450,001 to 600,000	160,701 to 214,300	55 per week
600,001 to 780,000	214,301 to 278,600	60 per week
780,001 to 970,000	278,601 to 346,400	70 per week
970,001 to 1,230,000	346,401 to 439,300	75 per week
1,230,001 to 1,520,000	439,301 to 542,900	85 per week
1,520,001 to 1,850,000	542,901 to 660,700	90 per week
1,850,001 to 2,270,000	660,701 to 810,700	98 per week
2,270,001 to 3,020,000	810,701 to 1,078,600	105 per week
3,020,001 to 3,960,000	1,078,601 to 1,414,300	110 per week
3,960,001 or more	1,414,301 or more	120 per week

Section 64423.1 (Sample Analysis and Reporting of Results) states:

(a) The water supplier shall designate (label) each sample as routine, repeat, replacement, or "other" pursuant to Section 64421(b), and have each sample analyzed for total coliforms. The supplier also shall require the laboratory to analyze the same sample for fecal coliforms or Escherichia coli (E. coli) whenever the presence of total coliforms is

indicated. As a minimum, the analytical results shall be reported in terms of the presence or absence of total or fecal coliforms, or E. coli in the sample, whichever is appropriate.
(b) The water supplier shall require the laboratory to notify the supplier within 24 hours, whenever the presence of total coliforms, fecal coliforms or E. coli is demonstrated in a sample or a sample is invalidated due to interference problems, pursuant to Section 64425(b), and shall ensure that a contact person is available to receive these analytical results 24-hours a day. The water supplier shall also require the laboratory to immediately notify the State Board of any positive bacteriological results if the laboratory cannot make direct contact with the designated contact person within 24 hours.
(c) Analytical results of all required samples collected for a system in a calendar month shall be reported to the State Board not later than the tenth day of the following month, as follows:

(1) The water supplier shall submit a monthly summary of the bacteriological monitoring results to the State Board.

(2) For systems serving fewer than 10,000 service connections or 33,000 persons, the water supplier shall require the laboratory to submit copies of all required bacteriological monitoring results directly to the State Board.

(3) For systems serving more than 10,000 service connections, or 33,000 persons, the water supplier shall require the laboratory to submit copies of bacteriological monitoring results for all positive routine samples and all repeat samples directly to the State Board.

(d) Laboratory reports shall be retained by the water supplier for a period of at least five years and shall be made available to the State Board upon request.

Section 64424 (Repeat Sampling) states in relevant part:
(a) If a routine sample is total coliform-positive, the water supplier shall collect a repeat sample set as described in paragraph (1) within 24 hours of being notified of the positive result. The repeat samples shall all be collected within the same 24 hour time period. A single service connection system may request that the State Board allow the collection of the repeat sample set over a four-day period.

(1) For a water supplier that normally collects more than one routine sample a month, a repeat sample set shall be at least three samples for each total coliform-positive sample. For a water supplier that normally collects one or fewer samples per month, a repeat sample set shall be at least four samples for each total coliform-positive sample.

(2) If the water supplier is unable to collect the samples within the 24-hour time period specified in subsection (a) or deliver the samples to the laboratory within 24 hours after collection because of circumstances beyond its control, the water supplier shall notify the State Board within 24 hours. The State Board will then determine how much time the supplier will have to collect the repeat samples.

(b) When collecting the repeat sample set, the water supplier shall collect at least one repeat sample from the sampling tap where the original total coliform-positive sample was taken. Other repeat samples shall be collected within five service connections upstream or downstream of the original site. At least one sample shall be from upstream and one from downstream unless there is no upstream and/or downstream service connection.
(c) If one or more samples in the repeat sample set is total coliform-positive, the water supplier shall collect and have analyzed an additional set of repeat samples as specified in subsections (a) and (b). The supplier shall repeat this process until either no coliforms are detected in one complete repeat sample set or the supplier determines that the MCL for total coliforms specified in Section 64426.1 has been exceeded and notifies the State Board.
(d) If a public water system for which fewer than five routine samples/month are collected has one or more total coliform-positive samples, the water supplier shall collect at least five routine samples the following month. If the supplier stops supplying water during the month after the total coliform-positive(s), at least five samples shall be collected during the first month the system resumes operation. A water supplier may request the State Board waive the requirement to collect at least five routine samples the following month, but a waiver will not be granted solely on the basis that all repeat samples are total coliform-negative. To request a waiver, one of the following conditions shall be met:

(1) The State Board conducts a site visit before the end of the next month the system provides water to the public to determine whether additional monitoring and/or corrective action is necessary to protect public health.

(2) The State Board determines why the sample was total coliform-positive and establishes that the system has corrected the problem or will correct the problem before the end of the next month the system serves water to the public. If a waiver is granted, a system shall collect at least one routine sample before the end of the next month it serves water to the public and use it to determine compliance with Section 64426.1.

Section 64425 (Sample Invalidation) states:
(a) A water supplier may request the Department to invalidate a sample for which a total coliform-positive result has been reported if the supplier demonstrates:

(1) All repeat sample(s) collected at the same tap as the original total coliform-positive sample also are total coliform- positive and all repeat samples collected within five service connections of the original tap are not total coliform-positive; or

(2) The laboratory did not follow the prescribed analytical methods pursuant to §64415(a), based on a review of laboratory documentation by the Department. The supplier shall submit to the Department a written request for invalidation along with the laboratory documentation, the supplier's sample collection records and any observations noted during sample collection and delivery. The water supplier shall require the laboratory to provide the supplier with documentation which shall include, but not be limited to:

(A) A letter from the director of the laboratory having generated the data, confirming the invalidation request by reason of laboratory accident or error;

(B) Complete sample identification, laboratory sample log number (if used), date and time of collection, date and time of receipt by the laboratory, date and time of analysis for the sample(s) in question;

(C) Complete description of the accident or error alleged to have invalidated the result(s);

(D) Copies of all analytical, operating, and quality assurance records pertaining to the incident in question; and

(E) Any observations noted by laboratory personnel when receiving and analyzing the sample(s) in question.

(b) Whenever any total coliform sample result indicative of the absence of total coliforms has been declared invalid by the laboratory due to interference problems as specified at 40 Code Federal Regulations, Section 141.2100(c)(2), the supplier shall collect a replacement sample from the same location as the original sample within 24 hours of being notified of the interference problem, and have it analyzed for the presence of total coliforms. The supplier shall continue to re-sample at the original site within 24 hours and have the samples analyzed until a valid result is obtained.

Section 64426 (Significant Rise in Bacterial Count) states in relevant part:

(a) Any of the following criteria shall indicate a possible significant rise in bacterial count:

(1) A system collecting at least 40 samples per month has a total coliform-positive routine sample followed by two total coliform-positive repeat samples in the repeat sample set;

(2) A system has a sample which is positive for fecal coliform or E. coli; or

(3) A system fails the total coliform Maximum Contaminant Level (MCL) as defined in Section 64426.1.

(b) When the coliform levels specified in subsection (a) are reached or exceeded, the water supplier shall:

(1) Contact the State Board by the end of the day on which the system is notified of the test result or the system determines that it has exceeded the MCL, unless the notification or determination occurs after the State Board office is closed, in which case the supplier shall notify the State Board within 24 hours; and

(2) Submit to the State Board information on the current status of physical works and operating procedures which may have caused the elevated bacteriological findings, or any information on community illness suspected of being waterborne. This shall include, but not be limited to:

(A) Current operating procedures that are or could potentially be related to the increase in bacterial count;

(B) Any interruptions in the treatment process;

(C) System pressure loss to less than 5 psi;

(D) Vandalism and/or unauthorized access to facilities;

(E) Physical evidence indicating bacteriological contamination of facilities;

(F) Analytical results of any additional samples collected, including source samples;

(G) Community illness suspected of being waterborne; and

(H) Records of the investigation and any action taken.

Section 64426.1 (Total Coliform Maximum Contaminant Level (MCL)) states in relevant part:

(b) A public water system is in violation of the total coliform MCL when any of the following occurs:

(1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or

(2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or

(3) Any repeat sample is fecal coliform-positive or E. coli-positive; or

(4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.

(c) If a public water system is not in compliance with paragraphs (b)(1) through (4), during any month in which it supplies water to the public, the water supplier shall notify the State Board by the end of the business day on which this is determined, unless the determination occurs after the State Board office is closed, in which case the supplier shall notify the State Board within 24 hours of the determination. The water supplier shall also notify the consumers served by the water system. A Tier 2 Public Notice shall be given for violations of paragraph (b)(1) or (2), pursuant to section 64463.4. A Tier 1 Public Notice shall be given for violations of paragraph (b)(3) or (4), pursuant to section 64463.1.

Section 64463.1 (Tier 1 Public Notice) states in relevant part:

(a) A water system shall give public notice pursuant to this section and section 64465 if any of the following occurs:

(1) Violation of the total coliform MCL when:

(A) Fecal coliform or E. coli are present in the distribution system; or

(B) When any repeat sample tests positive for coliform and the water system fails to test for fecal coliforms or E. coli in the repeat sample;...

(b) As soon as possible within 24 hours after learning of any of the violations in subsection (a) or being notified by the State Board that it has determined there is a potential for adverse effects on human health [pursuant to paragraph (a)(4), (5), or (6)], the water system shall:

(1) Give public notice pursuant to this section;

(2) Initiate consultation with the State Board within the same timeframe; and

(3) Comply with any additional public notice requirements that are determined by the consultation to be necessary to protect public health.

(c) A water system shall deliver the public notice in a manner designed to reach residential, transient, and nontransient users of the water system and shall use, as a minimum, one of the following forms:

(1) Radio or television;

(2) Posting in conspicuous locations throughout the area served by the water system;

(3) Hand delivery to persons served by the water system; or

(4) Other method approved by the State Board, based on the method's ability to inform water system users.

Section 64463.4 (Tier 2 Public Notice) states:

(a) A water system shall give public notice pursuant to this section if any of the following occurs:

(1) Any violation of the MCL, MRDL, and treatment technique requirements, except:

(A) Where a Tier 1 public notice is required under section 64463.1; or

(B) Where the State Board determines that a Tier 1 public notice is required, based on potential health impacts and persistence of the violations;

(2) All violations of the monitoring and testing procedure requirements in sections 64421 through 64426.1, article 3 (Primary Standards – Bacteriological Quality), for which the State Board determines that a Tier 2 rather than a Tier 3 public notice is required, based on potential health impacts and persistence of the violations;

(3) Other violations of the monitoring and testing procedure requirements in this chapter, and chapters 15.5, 17 and 17.5, for which the State Board determines that a Tier 2 rather than a Tier 3 public notice is required, based on potential health impacts and persistence of the violations; or

(4) Failure to comply with the terms and conditions of any variance or exemption in place.

(b) A water system shall give the notice as soon as possible within 30 days after it learns of a violation or occurrence specified in subsection (a), except that the water system may request an extension of up to 60 days for providing the notice. This extension would be subject to the State Board's written approval based on the violation or occurrence having been resolved and the State Board's determination that public health and welfare would in no way be adversely affected. In addition, the water system shall:

(1) Maintain posted notices in place for as long as the violation or occurrence continues, but in no case less than seven days;

(2) Repeat the notice every three months as long as the violation or occurrence continues. Subject to the State Board's written approval based on its determination that public health would in no way be adversely affected, the water system may be allowed to notice less frequently but in no case less than once per year. No allowance for reduced frequency of notice shall be given in the case of a total coliform MCL violation or violation of a Chapter 17 treatment technique requirement; and

(3) For turbidity violations pursuant to sections 64652.5(c)(2) and 64653(c), (d) and (f), as applicable, a water system shall consult with the State Board as soon as possible within 24 hours after the water system learns of the violation to determine whether a Tier 1 public notice is required. If consultation does not take place within 24 hours, the water system shall give Tier 1 public notice within 48 hours after learning of the violation.

(c) A water system shall deliver the notice, in a manner designed to reach persons served, within the required time period as follows:

(1) Unless otherwise directed by the State Board in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, community water systems shall give public notice by;

(A) Mail or direct delivery to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system; and

(B) Use of one or more of the following methods to reach persons not likely to be reached by a mailing or direct delivery (renters, university students, nursing home patients, prison inmates, etc.):

1. Publication in a local newspaper;
2. Posting in conspicuous public places served by the water system, or on the Internet; or
3. Delivery to community organizations.

(2) Unless otherwise directed by the State Board in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, noncommunity water systems shall give the public notice by:

(A) Posting in conspicuous locations throughout the area served by the water system; and

(B) Using one or more of the following methods to reach persons not likely to be reached by a public posting:

1. Publication in a local newspaper or newsletter distributed to customers;
2. E-mail message to employees or students;
3. Posting on the Internet or intranet; or
4. Direct delivery to each customer.

Section 64465 (Public Notice Content and Format) states in relevant part:

(a) Each public notice given pursuant to this article, except Tier 3 public notices for variances and exemptions pursuant to subsection (b), shall contain the following:

(1) A description of the violation or occurrence, including the contaminant(s) of concern, and (as applicable) the contaminant level(s);

(2) The date(s) of the violation or occurrence;

(3) Any potential adverse health effects from the violation or occurrence, including the appropriate standard health effects language from appendices 64465-A through G;

(4) The population at risk, including subpopulations particularly vulnerable if exposed to the contaminant in drinking water;

(5) Whether alternative water supplies should be used;

(6) What actions consumers should take, including when they should seek medical help, if known;

(7) What the water system is doing to correct the violation or occurrence;

(8) When the water system expects to return to compliance or resolve the occurrence;

(9) The name, business address, and phone number of the water system owner, operator, or designee of the water system as a source of additional information concerning the public notice;

(10) A statement to encourage the public notice recipient to distribute the public notice to other persons served, using the following standard language: —Please share this information with all the other people who drink this water, especially those who may not have received this public notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail; and

(11) For a water system with a monitoring and testing procedure violation, this language shall be included: "We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During [compliance period dates], we ['did not monitor or test' or 'did not complete all monitoring or testing'] for [contaminant(s)], and therefore, cannot be sure of the quality of your drinking water during that time." ...

(c) A public water system providing notice pursuant to this article shall comply with the following multilingual-related requirements:

(2) For a Tier 2 or Tier 3 public notice:

(A) The notice shall contain information in Spanish regarding the importance of the notice, or contain a telephone number or address where Spanish-speaking residents may contact the public water system to obtain a translated copy of the notice or assistance in Spanish; and

(B) When a non-English speaking group other than Spanish-speaking exceeds 1,000 residents or 10 percent of the residents served by the public water system, the notice shall include:

1. Information in the appropriate language(s) regarding the importance of the notice; or
2. A telephone number or address where such residents may contact the public water system to obtain a translated copy of the notice or assistance in the appropriate language; and

(3) For a public water system subject to the Dymally-Alatorre Bilingual Services Act, Chapter 17.5, Division 7, of the Government Code (commencing with section 7290), meeting the requirements of this Article may not ensure compliance with the Dymally-Alatorre Bilingual Services Act.

(d) Each public notice given pursuant to this article shall:

(1) Be displayed such that it catches people's attention when printed or posted and be formatted in such a way that the message in the public notice can be understood at the eighth-grade level;

(2) Not contain technical language beyond an eighth-grade level or print smaller than 12 point; and
(3) Not contain language that minimizes or contradicts the information being given in the public notice.

Appendix 64465-A. Health Effects Language - Microbiological Contaminants.

Contaminant	Health Effects Language
Total Coliform	Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.
Fecal coliform/E. coli	Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.
Turbidity	Turbidity has no health effects. However, high levels of turbidity can interfere with disinfection and provide a medium for microbial growth. Turbidity may indicate the presence of disease-causing organisms. These organisms include bacteria, viruses, and parasites that can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

Section 64469 (Reporting Requirements) states in relevant part:
(d) Within 10 days of giving initial or repeat public notice pursuant to Article 18 of this Chapter, except for notice given under section 64463.7(d), each water system shall submit a certification to the State Board that it has done so, along with a representative copy of each type of public notice given.

Section 64481 (Content of the Consumer Confidence Report) states in relevant part:
(g) For the year covered by the report, the Consumer Confidence Report shall note any violations of paragraphs (1) through (7) and give related information, including any potential adverse health effects, and the steps the system has taken to correct the violation.
(1) Monitoring and reporting of compliance data.

APPENDIX 2

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

The Owens Valley Conservation Camp Has Levels of Coliform Bacteria

Above the Drinking Water Standard

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took eleven samples to test for the presence of coliform bacteria during February, 2018. Two of those samples showed the presence of total coliform bacteria. The standard is that no more than 1 may do so.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing, and further testing shows that this problem has been resolved.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What was done?

Because of the presence of coliform bacteria we chlorinated and flushed the system. Additionally we inspected the system to see if any defects could be found.

For more information, please contact Joe Tabush at 760-702-1602 or by mail at 2781 South Round Valley Road, Bishop CA 93514

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by the Owens Valley Conservation system

State Water System ID#: 1410800. Date distributed: 3/6/2018.

APPENDIX 3

Drinking Water Notification to Consumers

PROOF OF NOTIFICATION

Name of Water System: Owens Valley Conservation Camp (1410800)

Please explain what caused the problem if you have determined what it was and what steps you have taken to correct it. Two positive coliform samples in February. Nothing definitive found. System chlorinated and flushed.

Consumers Notified XX Yes ______ No

If not, Explain: ______

Date of Notification: 3/6/2018

On the date of notification set forth above, I served the above referenced document(s) on the consumers by:

______ Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code. Attach copy of Notice.

______ Newspaper (if the problem has been corrected). Attach a copy of Notice.

XX Personally hand-delivering a copy to each of the consumers. Attach a copy of Notice.

XX Posted on a public bulletin board, that will be seen by each of the consumers (for small, non-community water systems with prior Division approval). Attach copy of Notice.

______ Other: ______

I hereby declare the forgoing to be true and correct under penalty of perjury.

Dated: 3/7/2018

[signature]
Signature of Person Serving Notice

****Notice:** Complete this Proof of Notification and return it **along with a copy of the notification** to the Division within **10 days** of receipt of giving public notice.

Disclosure: Be advised that the California Health and Safety Code states that any person who knowingly makes a false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars ($5,000) for each separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by fine of not more than twenty-five thousand dollars ($25,000) for each day of violation, or be imprisoned in county jail not to exceed one year or by both the fine and imprisonment.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT
Groundwater System with Chlorination and Storage

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.**

CALIFORNIA Water Boards

ADMINISTRATIVE INFORMATION

Entity Name: PWSID NUMBER: 1410800 System Type: CWS	Name: Owens Valley Conservation Camp	System Address & Email: 2781 South Round Valley Road, Bishop CA 93514 e-mail: tabush@gmail.com	Telephone Number:760-702-1602
Operator in Responsible Charge (ORC)	Joe Tabush		
Person that collected TC samples	Joe Tabush		
System Owner	CDF (CalFire)		
Certified Laboratory for Microbiological Analyses	Mammoth Community Water District		
Date Investigation Completed: 2/15/2018			
Month(s) of Coliform Treatment Technique Trigger: February			

INVESTIGATION DETAILS

SOURCE	WELL (name) #1	WELL (name) #2	WELL (name) N/A	WELL (name) N/A	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report					None Noted
a. Is raw water sample tap upstream from point of disinfection?	Yes	No			
b. Is wellhead vent pipe screened?	Yes	Yes			
c. Is wellhead seal watertight?	Yes	Yes			
d. Is well head located in pit or is any piping from the wellhead submerged?	No	No			
e. Does the ground surface slope towards well head?	No	No			
f. Is there evidence of standing water near the wellhead?	No	No			
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	No	No			
h. Is the wellhead secured to prevent unauthorized access?	Yes	Yes			
i. To what treatment plant (name) does this well pump?	N/A	N/A			
j. How often do you take a raw water total coliform (TC) test?	Monthly	Monthly			
k. Provide the date and result of the last TC test at this location	2/8/18 TC-	2/8/18 TC-			

TREATMENT	PLANT (NAME) Well #1	PLANT (NAME) Well #2	PLANT (NAME)	PLANT (NAME)	COMMENTS (attach additional pages if needed)
1. If you provide continuous chlorination, was there any equipment failure?	N/A	N/A			
a. Did this result in a loss of chlorine residual at the entry point to distribution system? If Yes, how long?	N/A	N/A			
b. Was emergency chlorination initiated? If Yes, how long?	N/A	Yes			5 days- Well #1 was not run during emergency chlorination

APPENDIX 4

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Groundwater System with Chlorination and Storage

TREATMENT	PLANT (NAME) Well #1	PLANT (NAME) Well #2	PLANT (NAME)	PLANT (NAME)	COMMENTS (attach additional pages if needed)
c. Did the distribution system lose chlorine residual?	N/A	No			
2. If you **do not** provide routine chlorination, was emergency chlorination initiated? If Yes, when?	N/A	Yes			Well #1 Turned off during this time period
3. Inspect each point where disinfectant is added and report					
a. Is the disinfectant feed pump feeding disinfectant?	N/A	Yes			
b. What is the feed rate of disinfectant in ml/minute?		12 GPH			
c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl)	N/A	25 mg/L			
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)	N/A	Measured			
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?	N/A	On Site Generation			
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?	N/A	150 GPM			
g. What is the **total** chlorine residual measured immediately downstream from the point of application?	N/A	1.06			
h. What is the **free** chlorine residual measured immediately downstream from the point of application?	N/A	1.04			
i. What is the contact time in minutes from the point of disinfectant application to the first customer?	N/A	>30			Dependant on flow

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4th Repeat Sample (specify)
	TC+	TC-	TC-	TC-
1. What is the height of the sample tap above grade? (inches)	36"	36"	36"	36"
2. Is the sample tap located in an **exterior** location or is it protected by an **enclosure**?	Interior	Interior	Interior	Interior
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?	Yes	Yes	Yes	Yes
4. Is the sample tap in good condition, free of leaks around the stem or packing?	Yes	Yes	Yes	Yes
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	Yes	Yes	Yes	Yes
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?	Yes	Yes	Yes	Yes
7 Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	Yes	Yes	Yes	Yes
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).	Swabbed	Swabbed	Swabbed	Swabbed

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Groundwater System with Chlorination and Storage

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4th Repeat Sample (specify)
	TC+	TC-	TC-	TC-
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site?	Routine	Repeat	Repeat	Repeat
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?	Yes	Yes	Yes	Yes
11. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?	Clear and Dry	Clear and Dry	Clear and Dry	Clear and Dry

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	Tank #1	Tank #2			
1. Is each tank locked to prevent unauthorized access?	Yes	Yes			
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?	Yes	Yes			
3. Is the overflow on each tank screened?	Yes	Yes			
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?	No	No			
5. Is the roof/cover of the tank sealed and free of any leaks?	Yes	Yes			
6. Is the tank above ground or buried?	Above	Above			
a. If buried or partially buried, are there provisions to direct surface water away from the site.	N/A	N/A			
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?	Yes	Yes			Visual
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?	Float	Float			
8. What is the **measured** chlorine residual (total/free) of the water exiting the storage tank **today**?	0.0	0.0			
9. What is the volume of the storage tank in gallons?	50,000	50,000			
10. Is the tank baffled?	No	No			
11 Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?					

PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	N/A				
1. What is the volume of the pressure tank?	N/A				
2. What is the age of the pressure tank?	N/A				
3. Is the pressure tank bladder type or air compressor type?	N/A				
4. Did the pressure tank(s) deviate from normal operating pressure?	N/A				

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Groundwater System with Chlorination and Storage

PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	N/A				
5. Is the compressor pump running more often than normal?	N/A				
6. Is the tank bladder(s) is water logged?	N/A				
7. Is the tank(s) damaged, rusty, leaking, or has holes?	N/A				
8. Was there any recent work performed?	N/A				
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?	N/A				
10. Can the inside of the pressure tank be visually inspected thru an inspection port? If so, when was the last time it was inspected?	N/A				

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	**40#**
2. Did pressure in the distribution system drop to less than 5 psi prior to positive bacti?	**No**
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details.	**No**
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	**No**
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	**Yes/ No**
6. If there was a mainline leak, when was it repaired?	**N/A**
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	**Yes**
9. Do you have an active cross-connection control program?	**Yes**
10. What is name & phone number of your Cross-Connection Control Program Coordinator?	**Joe Tabush 760-702-1602**
11. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards?	**Yes**
12. When was the last physical survey of the system done to identify cross-connections?	**4/8/2014**

BOOSTER STATION	Response
1. Do you have a booster pump? How many?	N/A
2. Do you have a standby booster pump if the main pump fails?	N/A
3. Prior to bacteriological quality problems, did your booster pump fail?	N/A
4. Do you notice standing water, leakage at the booster station?	N/A

GENERAL OPERATIONS:	Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.	Yes

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Groundwater System with Chlorination and Storage

GENERAL OPERATIONS:	Response
2. Does the water system have a written sampling procedure and was it followed?	Yes
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	No
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?	No
5. Does the system have backup power or elevated storage?	Yes- Both
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	No
7. What were the symptoms of illness if you received complaints about customers being sick?	N/A

SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? *(DO NOT LEAVE BLANK)*

Deficiency #	Deficiency Description
1.	Unknown at this time
2.	
3.	
4.	
5.	

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. *(DO NOT LEAVE BLANK)*

Deficiency #	Corrective Action	Completion/Proposed Date
1.	None at this time	
2.		
3.		
4.		
5.		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Groundwater System with Chlorination and Storage

CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME: Joseph J. Gabriel **TITLE:** Chief Plant Operator **DATE:** 2/15/2018

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist Division of Drinking Water (DDW) or Local Primacy Agency (LPA) Staff in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. If the answer has a large box around it, it is an issue and needs to be described by LPA or DDW in the next column. Please include the question number in the description. The PWS must address each issue described in the Corrective Action column. **To avoid a violation, the water system must submit to DDW/LPA a completed assessment report no later than 30 days after the trigger date.**

PWS ID#:1410800 PWS Name: CDF OWENS VALLEY Check one: ☒CWS ☐ NTNC ☐ TNC

Operator in Responsible Charge (print name):JOE TABUSH Phone:760-702-1602
Assessment trigger date: 2/9/2018 Date Assessment Completed: 2/27/2018
SEASONAL: YES ☐ NO ☒ Reason for Assessment: SECOND LEVEL 1 ASSESSMENT IN 12 MONTHS
Person who collected TC positive samples: JOE TABUSH Contact info for person who collected samples:
Name of Certified Lab conducting sample analysis: MAMMOTH COMMUNITY WATER DISTRICT

Assessment Elements	Y	N	N/A	Issue Description	Corrective Action Taken or Planned to be Taken and Date
1. Review of the sample sites	**Y**	**N**	**N/A**	**Indicate Element number being described.**	**Indicate Element number being described.**
1.1 Was the sample taken at the routine coliform site? List the name(s) of the positive sample site(s).	☒	☐	☐	1.1 KITCHEN SAMPLE	1.1 REVIEW CONNECTION IF CHANGES NEEDED.
1.2 Was the tap area unsanitary at the time of sampling?	☐	☒	☐		
1.3 Was this sample taken from an outside faucet?	☐	☒	☐		
1.4 Was the sample taken from a swivel tap?	☒	☐	☐		
1.5 Did the tap have a point of use treatment device on it?	☐	☒	☐		
1.6 Does the building where the sample was taken have a point of entry device?	☐	☒	☐		
1.7 Has this location undergone any plumbing replacements or repairs?	☐	☒	☐		
1.8 Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	☐	☒	☐		
1.9 Is this location near a storage tank or dead end?	☐	☒	☐		
1.10 Have there been any analytical results or any additional samples collected, including source samples, which were positive (not for compliance)?	☒	☐	☐	1.10 YES, WELL BUT UNCONFIRMED ABSENT E. COLI	
1.11 Prior to this incident, when was the most recent satisfactory coliform samples taken? Date:	JAN. 2018				
1.12 Any other sample site issues not previously mentioned?	☒	☐	☐	1.12 UNKNOWN IF "Y" TO DISHWASHER IS AN ISSUE.	1.12 SEE COMMENT 1.1

APPENDIX 5

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

2.	Review of sample protocol	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
2.1	Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler.	☒	☐	☐		
2.2	Is the sampler a regular, trained sampler?	☒	☐	☐		
2.3	Was a laboratory-provided TC sample bottle used?	☒	☐	☐	2.3 BOTTLES PROVIDED BY LAB AND STORED IN WELL FACILITY. MAY NOT HAVE BEEN ROTATED.	2.3 BOTTLES TO BE STORED IN OFFICE AND ROTATED.
2.4	Was the aerator removed?	☒	☐	☐		
2.5	Was the water tap flushed for at least 5 minutes?	☒	☐	☐		
2.6	Was the tap disinfected or flamed?	☒	☐	☐		
2.7	Did the sample get too warm prior to being placed on ice?	☐	☒	☐		
2.8	Were there other sampler errors? Describe	☐	☒	☐		
2.9	If it is a seasonal system, were there any problems during the most recent start-up procedure?	☐	☐	☒		
2.10	Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)?	☐	☒	☐		

3.	Review of the distribution system.	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
3.1	Have any mains or service lines recently been repaired, replaced or installed?	☐	☒	☐		
3.2	Have fire hydrants or blow offs been recently flushed/used/sheared?	☐	☒	☐		
3.3	Have valves been recently exercised to direct flow?	☐	☒	☐		
3.4	Any leaks or main breaks noted?	☐	☒	☐		
3.5	Are all of the backflow prevention devices operational and maintained?	☒	☐	☐		
3.6	Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	☐	☒	☐		
3.7	Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	☒	☐	☐	3.7 SYSTEM IS UNCHLORINATED	
3.8	Any recent pump station failures or repairs?	☐	☐	☒		
3.9	Air relief valve leaking?	☐	☒	☐		
3.10	Standing water or debris in (air relief) valve vault?	☐	☒	☐		
3.11	Any recent power loss?	☐	☒	☐		
3.12	Any unprotected cross connections (including yard hydrants and stock tanks)?	☐	☒	☐		
3.13	Has high turbidity been detected in the distribution system?	☐	☒	☐		
3.14	Is there evidence of intentional contamination or vandalism?	☐	☒	☐		
3.15	Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)?	☐	☒	☐		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

4.	Review of storage tank(s) (Note the specific facility if any issues are found)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
4.1	Is there a presence of animals or insects in the tank(s)?	☐	☒	☐		
4.2	Are there breaches or holes of any sort into tank(s)?	☐	☒	☐		
4.3	Is there any presence of animal droppings around openings, vents or overflows?	☐	☒	☐		
4.4	Is there sediment buildup and floating debris in tank(s)?	☐	☒	☐		
4.5	Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	☐	☒	☐	4.5 NO, FLUSHED AND VISUAL INSPECTION.	TANKS WERE ABSENT IN SPECIAL SAMPLES (TOTAL COLIFORM AND E.COLI)
4.6	Are the vents and overflows protected against entry from animals, insects or other contaminants?	☒	☐	☐		
4.7	Are the screens damaged or not properly installed?	☐	☒	☐		
4.8	Does the reservoir have a common inlet/outlet?	☒	☐	☐		
4.9	Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	☐	☒	☐	4.9 NOT DIRECTLY, AIR GAP	
4.10	Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	☒	☐	☐		
4.11	Was the hatch locked or secured?	☒	☐	☐		
4.12	Has the tank been accidently drained?	☐	☒	☐		
4.13	Have there been high flows through the tank?	☒	☐	☐	4.13 HIGH FLOWS IN SUMMER	
4.14	Was there high water age in the tank (infrequent water use)?	☐	☒	☐	4.14 TURNOVER ON REGULAR BASIS	
4.15	Was the sample taken when the tank was at the low level mark?	☐	☒	☐		
4.16	Failure or improper operation on tank telemetry/altitude valves/controls?	☐	☒	☐		
4.17	Any recent repairs on the tank(s)?	☐	☒	☐		
4.18	Was there any power loss?	☐	☒	☐		
4.19	Is the site secured (e.g. fencing, locked gates, etc.)?	☒	☐	☐		
4.20	Was the tank vandalized or subject to tampering?	☐	☒	☐		
4.21	Any other storage tank issues not previously mentioned above?	☒	☐	☐	4.21 LEVEL INDICATOR REPLACED ULTRASONIC. TANK WAS TC ABSENT.	
	Pressure Tanks (if applicable)	**Y**	**N**	**N/A**	**Indicate Element number being described.**	**Indicate Element number being described.**
4.22	What is the volume of the pressure tank? Attach additional sheets if needed.				NOT APPLICABLE	
4.23	What is the age of the pressure tank? Attach additional sheets if needed.					
4.24	Does the pressure tank use a bladder and/or air compressor? Attach additional sheets if needed.					
4.25	Did the pressure tank(s) deviate from normal operating pressure?	☐	☐	☐		
4.26	Is the compressor pump running more than normal?	☐	☐	☐		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

4.27	Is the tank bladder water logged?	☐	☐	☐	NOT APPLICABLE	
4.28	Is the tank damaged, rusty, leaking or have holes?	☐	☐	☐		
4.29	Was there any recent work performed on the tank?	☐	☐	☐		
4.30	Is the air relief vent (if there one) screened and facing down?	☐	☐	☐		
4.31	Can the inside of the pressure tank be visually inspected through an inspection port? If so, when was it last inspected?	☐	☐	☐		
5.	**Review of treatment process (if applicable)**	**Y**	**N**	**N/A**	**Indicate Element number being described.**	**Indicate Element number being described.**
5.1	Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long?	☐	☐	☐	NOT APPLICABLE SYSTEM NOT ROUTINELY CHLORINATED	
5.2	Have there been any new treatment processes added or new equipment installed?	☐	☐	☐		
5.3	Have there been any recent repairs of major unit processes or treatment equipment?	☐	☐	☐		
5.4	Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages, flow changes, or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred.	☐	☐	☐		
5.5	Has a coagulant been added at all times the plant has been filtering water?	☐	☐	☐		
5.6	Have there been changes in raw water quality?	☐	☐	☐		
5.7	Was the settled water turbidity increasing?	☐	☐	☐		
5.8	Was the finished water turbidity increasing?	☐	☐	☐		
5.9	Have filter clogging algae caused more frequent backwashing?	☐	☐	☐		
5.10	Have there been any failures in adding disinfectant for any length of time?	☐	☐	☐		
5.11	Was water delivered that did not meet CT requirements?	☐	☐	☐		
5.12	What is the entry point chlorine residual today? Free/Total?	mg/L				
5.13	Has there been any vandalism or tampering at the plant?	☐	☐	☐		
5.14	Any other treatment plant issues not previously mentioned above?	☐	☐	☐		
6.	**Sources – Well(s) (Note the specific facility if any issues are found)**	**Y**	**N**	**N/A**	**Indicate Element number being described.**	**Indicate Element number being described.**
6.1	Is there a 50 foot annular seal?	☒	☐	☐		
6.2	Is the surface seal defective or damaged or not water tight?	☐	☒	☐		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

6.3	Is there a casing vent?	☒	☐	☐		
6.4	Does the casing and/or air relief vent have a screen to prevent the entry of insects?	☒	☐	☐		
6.5	Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	☒	☐	☐	6.5 NO PUMP-TO-WASTE	
6.6	How is the well used? (Circle if applicable)	Primary			Backup Emergency	
6.7	Are there any unprotected cross connections at the wellhead?	☐	☒	☐		
6.8	Are there any unprotected openings in the pump or pump assembly?	☐	☒	☐		
6.9	Is the pitless adapter damaged?	☐	☐	☒		
6.10	Are there any exposed holes or cracks near the wellhead? For example electric conduit.	☐	☒	☐		
6.11	Has there been any recent work performed on the pump?	☐	☒	☐		
6.12	Is the wellhead secured to prevent unauthorized access?	☒	☐	☐		
6.13	Have there been any sewer spills, source water spills or other disturbances near the well?	☐	☒	☐		
6.14	Is the wellhead at least 18-inches above grade?	☒	☐	☐		
6.15	Is there evidence of standing water near the wellhead?	☐	☒	☐		
6.16	Is the well pit in standing water or evidence of flooding?	☐	☒	☐		
6.17	Any other well issues not previously mentioned above?	☐	☒	☐		
	Sources- Spring(s) **(Note the specific facility if any issues are found)**	**Y**	**N**	**N/A**	NOT APPLICABLE	
6.18	Is there evidence of flooding or infiltration of surface water runoff around the spring?	☐	☐	☐		
6.19	Is the spring box improperly developed or poorly maintained?	☐	☐	☐		
6.20	Is the spring site secured (e.g. locks, fence, gate, etc).	☐	☐	☐		
6.21	Are there dead animals near the spring?	☐	☐	☐		
6.22	Any other issues about springs not previously mentioned above?	☐	☐	☐		
	Sources – Surface Water	**Y**	**N**	**N/A**	NOT APPLICABLE	
6.23	Have there been algae blooms?	☐	☐	☐		
6.24	Has the source water turned over?	☐	☐	☐		
6.25	Have there been any sewer spills, source water spills or other disturbances?	☐	☐	☐		
6.26	Any other source water issues not previously mentioned above?	☐	☐	☐		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

	Sources-purchased water				NOT APPLICABLE	
6.27	Water quality issues with supplier?	☐	☐	☐		
6.28	Low disinfectant residual from supplier (typically ≤0.2 mg/L)?	☐	☐	☐		
6.29	Any other purchased water issues not previously mentioned above?	☐	☐	☐		
	Applicable to all sources					
6.30	Has an unapproved source been used?	☐	☒	☐		
6.31	Has there been a change in sources?	☐	☒	☐	6.31 WELL 2 PRIMARY	
6.32	Has there been recent rapid snowmelt, heavy rainfall or flooding?	☐	☒	☐		
6.33	Any evidence of animals near the source?	☐	☒	☐		
6.34	Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity)	☐	☒	☐		
6.35	Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	☐	☒	☐		
6.36	Any other source issues not previously mentioned above?	☐	☒	☐		
7.	**General Operations**				**Indicate Element number being described.**	**Indicate Element number being described.**
7.1	During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	☐	☒	☐		
7.2	What were the symptoms of illness if you received complaints about customers being sick?	N/A				
7.3	Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc)	☐	☒	☐		
8.	**Significant Deficiencies**				**Indicate Element number being described.**	**Indicate Element number being described.**
8.1	Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	☐	☒	☐		

1. Attach additional sheets if needed.

WILL ATTACH PICTURES OF SAMPLE SITES (ROUTINE, REPEAT) AND WELL SAMPLES.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Additional Comments:

PROVIDED COPY OF STANDARD METHOD FOR BACTERIOLOGICAL SAMPLE COLLECTION.

Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED): ANDRÉS AGUIRRE / SWRCB-DDW SAN BERNARDINO DISTRICT

Signature: [signature] **Date:** 2/27/18

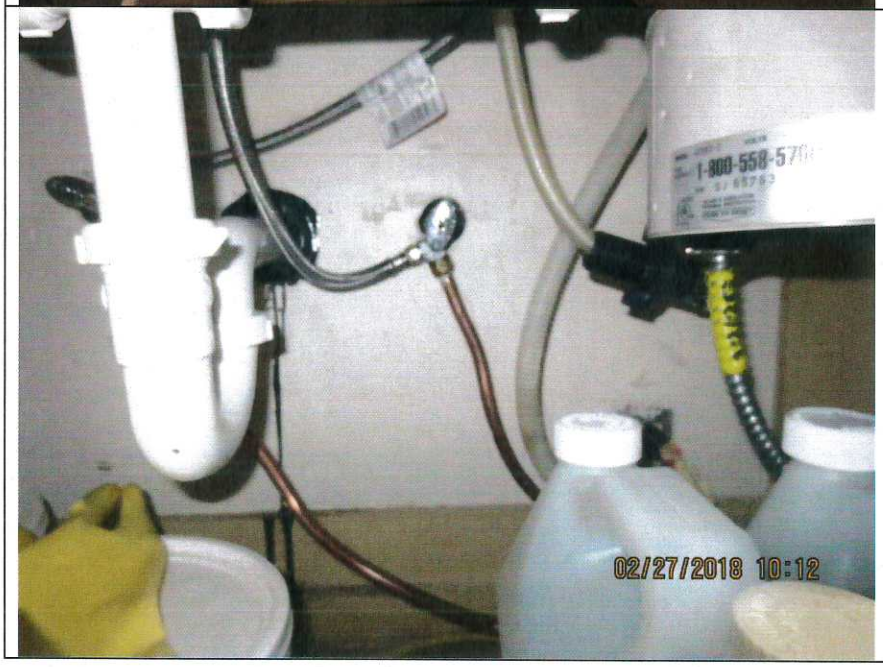
Water system responsible party (PRINTED): JOE TABUSH

Signature: Joseph J. Tabush **Date:** 2/27/2018

Reserved for Regulatory Agency (DDW / LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	☒	☐	
2. Likely reason for EC+ occurrence has been found.	☐	☐	NOT APPLICABLE, NOT E.COLI.
3. System has corrected the problem.	☒	☐	FOLLOW UP SAMPLES ABSENT.
4. Were all issues identified corrected?	☒	☐	KNOWN ISSUES
4. Corrective Action Approved?	☒	☐	

Level 2 Assessment Revised Total Coliform Rule Investigation Photos
CDF Owens Valley Conservation Camp
February 27, 2018
Photos by Andrés Aguirre / SWRCB-DDW

	**Photo 1: Routine Sample Site Kitchen. The aerator is removed, faucet wiped with chlorine rag, and water is allowed to flush at least five minutes prior to sample collection.** **This is the routine site that was total coliform positive and E.coli absent in routine sample and repeat.**
	**Photo 2: Underneath sink of Kitchen sample site. Water line feeds the sink and dish washer at the "y." It is recommended this be investigate if acceptable and possible cause for coliform positive sample.**

Level 2 Assessment Revised Total Coliform Rule Investigation Photos
CDF Owens Valley Conservation Camp
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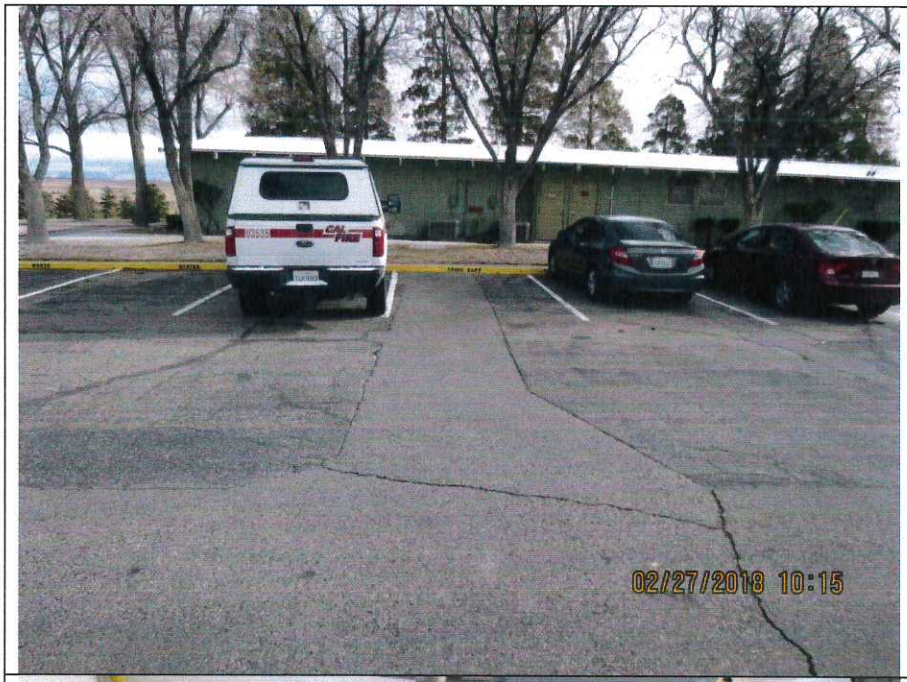	**Photo 3: Approximate location from main and service to building. If water has not been used for some time, the operator runs the showers so water from the main reaches the sample site.**
	**Photo 4: Well 1 sample tap. Water is sampled when well is running and allowed to flush. The well was total coliform positive, E.coli absent, on the same day routine was collected but Groundwater Rule sample was absent for total coliform.**

Level 2 Assessment Revised Total Coliform Rule Investigation Photos
CDF Owens Valley Conservation Camp
February 27, 2018
Photos by Andrés Aguirre / SWRCB-DDW

	**Photo 5: Well 2 sample tap. Water is sampled when well is running and allowed to flush. The well was total coliform positive, E.coli absent, on the same day routine was collected but Groundwater Rule sample was absent for total coliform.**
	**Photo 6: Representative total coliform sample bottles. Bottles can be stored at the Well 2 site where dust can enter through the vent. This was identified as a possible source for total coliform positive sample. Bottles will be stored in the office.**

Level 2 Assessment Revised Total Coliform Rule Investigation Photos
CDF Owens Valley Conservation Camp
February 27, 2018
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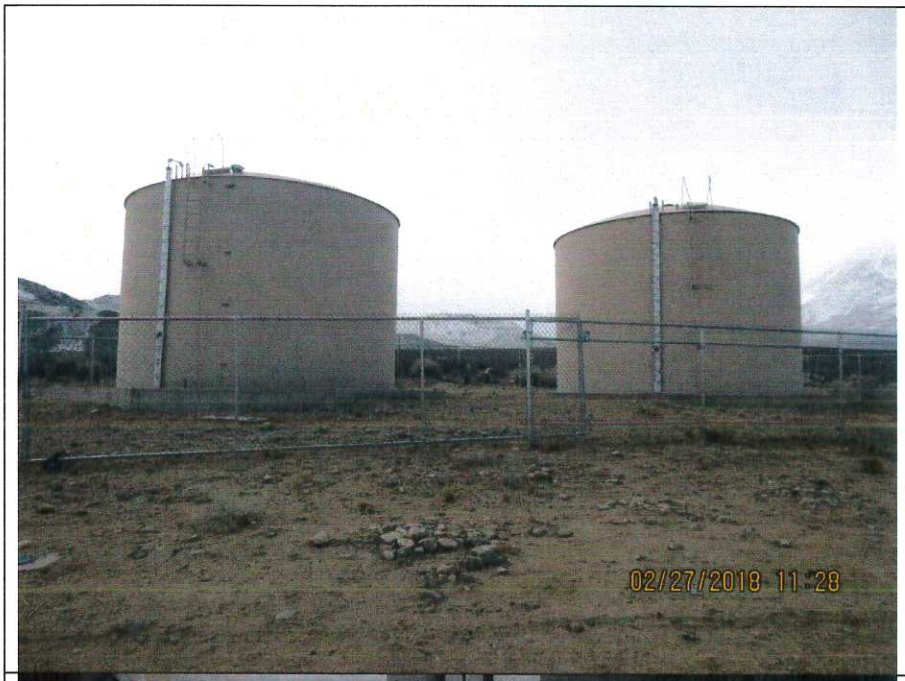	**Photo 7: Owens Valley reservoirs. A special sample was collected from the reservoir with the repeat samples and was found total coliform absent.**
	**Photo 8: Upstream sample site at Inmate Kitchen Vegetable Sink. Upstream and downstream repeat samples were total coliform absent.**